



# Annual Statement Request Form

*Fee: \$10.00, due at time of request*

Annual Statement requested for:

Child(ren): \_\_\_\_\_

Statements must be picked up by enrolling parent or mailed to home address of record. Specify return delivery method (choose one):

Mail to: \_\_\_\_\_

Send to my child's site: \_\_\_\_\_

I will pick it up at the Main Office

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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FCCC Accounting Use Only:

Authorized Parent Verified

\$10 Payment Received check# \_\_\_\_\_ or cash receipt # \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_